

**MID-HUDSON VIDA NUEVA
TEAM APPLICATION FORM**

Today's Date:

E-Mail:

Phone:

Last Name:

First Name:

Sex: M: ☐ **F:** ☐

Age:

Mailing Address:

City, State, Zip:

Denomination:

Church Attending:

Original Weekend # (if known): **Vida Nueva(VN)/ Tres Dias(TD)** **Director or Table Leader (if known):**

Have you served on team in the past? Yes: ☐ **No:** ☐ **How Many?** **Last Team #**
VN/TD Positions Served: Aux ____ **Table Leader** ____ **Talk/ Rollo** ____ **Music Director** ____ **Chief Aux** ____
Director/ Rector ____ **Spiritual Director** ____

Spiritual Directors are you ordained? Yes: ☐ **No:** ☐ **Pastor** ☐ **or Elder** ☐

Do you have any physical restrictions or medical needs the Director should be aware of?
Yes: ☐ **No:** ☐ (If yes, please explain)

Do you play an instrument? Yes: ☐ **No:** ☐ **What Instrument(s)?**

Please provide name(s) of a VN'er or Pescadore who will serve as a reference for you:

Please introduce yourself, share your community experience, what you hope to contribute to a weekend, what you hope to gain from team experience, and anything else you feel we should know.

By submitting this form, you acknowledge the following:

- Under authority of the Mid-Hudson Vida Nueva Council, the Director has full authority for the guidance, training, operation, and final decision making in all aspects of the weekend.
- There will be 8-10 weekly meetings; my attendance is expected at all meetings.
- The cost of the weekend is \$175.
- Submitting this application is not a guarantee that I will be accepted to serve on a team. Each Director has full autonomy as to team selection, within certain prescribed guidelines.

For more information please visit www.mhvn.org

When complete, please e-mail to Team Coordinator: ServeOnTeam@mhvn.org